Annual Meeting symposium to address hereditary colon cancer treatment

An informative breakfast symposium detailing challenging legal and ethical issues involved in caring for patients with hereditary colon cancer syndromes will take place Wednesday, May 4, during the ASCRS 2005 Annual Meeting in Philadelphia.

This year's meeting, held April 30 - May 5, features more than 200 podium and poster presentations to provide surgeons with an in-depth overview of current scientific methods used to treat diseases of the colon and rectum, and improve patient care.

In addition, the Program Committee has created presentations that emphasize the “personal” side of colon and rectal surgery. These include methods of enhancing individual surgical practices and alerting surgeons of complex ethical controversies facing the field of colon and rectal surgery.

Controversies of hereditary syndrome treatment

Dr. James M. Church, Cleveland, OH, moderates the May 4 breakfast symposium entitled, The Medico-Legal Implications of Caring for Patients and Families with Hereditary Colorectal Cancer Syndromes. The program presents the diverse perspectives of surgeons, patients, counselors and attorneys, then follows up with case presentations and questions from the audience.

“Surgeons will walk away from this program with an understanding of the ethical and legal issues involved when caring for patients and families with a syndrome of hereditary colorectal cancer,” explained Program Chair Dr. Theodore J. Saclarides, Chicago.

“Members of our field need to know the appropriate advice to give, and actions to take, when counseling patients and notifying relatives. The symposium will also help surgeons understand the pitfalls involved with genetic testing and the possibility of genetic discrimination,” he added.

Improving individual practice efficiencies, including the utilization of “e-practice” enhancements, is one of many topics to be discussed during the 2005 Socioeconomic Update, Surgical Practice Management: Tools for Financial Success, Tuesday, May 3.

Dr. David A. Margolin, New Orleans, LA, leads this year’s update, which will help surgeons understand the revenue cycle, benchmarks and financial performance, contract analysis for specialists and negotiating strategies. The program will also highlight the importance of denial tracking, contract compliance, payer mix analysis, and how to develop a practice budget.

Other Annual Meeting programs cover:

• The technique of endoanal ultrasound and its potential application in fecal incontinence and anorectal cancer;
• Technical steps of laparoscopic colectomy, and current status of laparoscopic procedures for diseases of the colon and rectum;
• New methods in wound management and troubleshooting stoma-related problems;

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View Annual Meeting preliminary program online at www.fascrs.org

Surgeons may view the Annual Meeting’s preliminary program online at www.fascrs.org.

Click on the “2005 Annual Meeting” icon, which provides complete information on the 2005 scientific program, the Annual Dinner Dance, Philadelphia attractions, exhibitors, registration fees and more.

Surgeons who wish to register for the Annual Meeting may print out registration forms, fill them out and fax them to the ASCRS Executive Offices at 847/290-9203. ✉
The Research Foundation of the American Society of Colon and Rectal Surgeons recently announced a new grant opportunity providing up to $50,000 per year for two years. A Request for Proposals (RFPs) for clinical studies on benign colorectal disorders has been distributed to all members of the ASCRS. The goal of the new RFP program is to foster the development and conduct of well designed clinical trials leading to a definitive answer to a specific colorectal problem.

“The Research Foundation Board is especially interested in funding research leading to the improvement and management of common, yet understudied, colorectal problems,” noted Dr. Richard L. Nelson, Vice President of the Research Foundation.

For 2005, the RFP program is targeting several benign colorectal conditions. Members of the ASCRS are encouraged to develop pilot studies or Phase I, II, or III clinical trials to assess the following: 1) Conservative management of diverticulitis; 2) Direct sphincter repair versus biofeedback for anal incontinence secondary to obstetrical injury; 3) The use of drain or no drain after low anterior resection; 4) The use of seton versus one stage fistulotomy for fistula-in-ano; and 5) Sphincter sparing fistula repair by advancement flap versus fistulotomy for fistula-in-ano.

The proposed research must be hypothesis driven and investigator initiated. It should be a project that is conducted within the United States or Canada, and it must have a principal investigator or co-investigator who is a member of the American Society of Colon and Rectal Surgeons. Dr. Jose G. Guillem, Chairman of the Research Committee for the Research Foundation, notes, “Funding will be based upon scientific merit review. Our research committee will give special consideration to applications perceived to have a high likelihood of success and to have an impact on the practice of colon and rectal surgery.”

Applicants should submit a one-page letter of intent to apply for a 2005 RFP grant to the Chairman of the Research Committee, Dr. Guillem, by June 15, 2005. This letter should include a brief description of the proposed project and the principal investigator or co-investigators and their institutions. A final grant proposal is due October 1, 2005 and must include a detailed budget as well as an official letter confirming approval for the study from your local institutional review board.

This is an exciting opportunity for members of our Society to engage in active clinical research. Past president Dr. James W. Fleshman began this project, and it is now our job to implement the RFP program and make it a part of our Research Foundation’s core activities.

All ASCRS members are encouraged to respond to this RFP. Investigators may form multi-institutional groups to strengthen their applications.

**Challenge Grant Program**

The Research Foundation is excited to announce its new “Challenge Grant Program” to achieve the goals of supporting research in colorectal disorders and developing future colorectal researchers.

Dr. Anthony J. Senagore, treasurer of the Research Foundation, notes, “The Research Foundation has been successful in raising funds to support limited project grants, career development awards, and an International Fellowship award. We have just launched a new Request For Proposals (RFP) program encouraging development of clinical trials. These competitive grants have advanced our field and improved the care of patients with colorectal diseases, but each of these programs requires continuous fundraising.” The Challenge Grant Program is intended to meet part of that need and will be an annual effort to raise funds for research during the ASCRS Annual Meeting.

The Challenge Grant Program is unique in that it invites members and other attendees of our Annual Meeting to make a pledge that will be matched by each of the participating companies. For 2005, the Challenge Grant is a $25,000 pledge. Thus, if we raise $25,000 from our members during the Philadelphia meeting, each of the participating companies will contribute a match of $25,000. If we raise only $10,000 from our members, then the companies will only be obligated to donate $10,000.

The Challenge Grant Program will be a focus of attention during the Philadelphia meeting and we are hopeful that all members will come prepared to participate. It is rare that one has an opportunity to donate to such a worthy cause and have others match their pledge. 🌟
STOP holds successful spring benefit/celebration party in Chicago

The STOP Colon/Rectal Cancer Foundation held a hugely successful spring benefit/celebration party in Chicago, honoring police and firefighters, Chair Dr. Ernestine Hambrick, Chicago, reports.

“It was truly an evening of celebration of the progress we’ve made in the war against colon cancer. It also honored the memory of Karen Coughlin, one of STOP’s original trustees, who died of acute leukemia three years ago,” Dr. Hambrick said. Mrs. Coughlin’s daughter, Corrie, was co-honorary chair, with Chicago Alderman Edward M. Burke.

“It began with a soul stirring playing by four members of the Chicago Police Department’s Emerald Society Pipe Band. Due to the generosity of our corporate sponsors, every penny attendees and donors paid went directly to STOP,” she said.

A prominent patient of Dr. Hambrick’s, recently retired Chicago Police Department Superintendent Terry Hillard, and Steve DeLuca, a North Shore firefighter, were benefit honorees.

STOP has distributed more than 400,000 of its brochures, “The Cancer Nobody Has to Have & How to Stop It,” to physicians, individuals, organizations and corporations. They have been used in a variety of locations, events, health fairs, and meetings across the U.S., in recent meetings in Singapore and Brazil, and many other foreign countries.

In its newsletter, STOP Watch, the organization recently reported that Virginia is the first U.S. state to require insurance coverage for colon cancer screening using colonoscopy. Gastroenterology nurses were prime movers in getting the Virginia legislature to act, according to STOP Watch.

Dr. Hambrick has spoken at many recent health fairs, including a cancer awareness day at the Des Plaines Public Library in suburban Chicago. Her motto is “have Powerpoint, will travel,” she says.

Members of STOP’s 11-person Board include ASCRS members Drs. Richard P. Billingham, Seattle, WA, Byron Gathright, New Orleans, and Michael P. Spencer, Minneapolis, MN.

Information about STOP’s interactive teaching program in colorectal cancer prevention for primary care physicians, developed with the Department of Medical Education at the University of Illinois, is available online at www.cme-online.org.

Dr. Hambrick said the Foundation still depends on individual contributions, large and small, to accomplish STOP’s mission: to eradicate colorectal cancer through education directed toward preventive screening, early detection and healthy lifestyle choices.

Further information about STOP’s activities may be found on its Website, www.coloncancerprevention.org. Donations may be sent to the STOP Colon/Rectal Cancer Foundation, 30 N. Michigan Ave. #1118, Chicago 60602.

Revised practice parameters published in *Diseases of the Colon & Rectum*; three new parameters nearing completion

In the last six months, three revised practice parameters have been prepared and published in *Diseases of the Colon and Rectum*, and another three will appear in print over the next few months, reported Standards Committee Chair Dr. Neil H. Hyman, South Burlington, VT.

*Management of Colon Cancer, Management of Anal Fissures* and *Treatment of Hemorrhoids* were published in *DC&R* in late 2004. The revised parameters are also available for review on the ASCRS Website, www.fascrs.org.

“The Standards Committee is working very hard to update the Society’s practice parameters as we continue the shift from consensus-driven to evidence-based guidelines,” Dr. Hyman explained. “New evidence requires a thorough examination of the literature and an assessment of the evidence supporting the recommended approach.”

Three additional revised practice parameters, *Anal Fistulas, Management of Rectal Cancer* and *Surgical Management of Ulcerative Colitis*, are nearing completion and will be published in coming months, he added.

ASCRS develops practice parameters to give physicians a ready point of reference, documenting a rational, evidence-based approach to treating disease. Many physicians consult a practice parameter as a review article. Insurance companies may also look at ASCRS practice parameters to decide whether to cover a particular treatment.
The Society continues to work closely with the American Board of Colon and Rectal Surgery (ABCRS) to develop a system of measuring competence as part of the transition from Recertification to Maintenance of Certification (MOC). Assessment of Practice, the fourth component of MOC, is the most challenging to develop because it requires that boards establish a process for assessing physician practice performance, according to Irene Babcock, Executive Assistant in the ABCRS’ Administrative Office. “The purpose of the assessment is to demonstrate to patients, the public and the profession that physicians provide safe, effective, patient-centered healthcare that is timely, efficient and equitable,” she explained. “Working with ASCRS, we are developing a data system that successfully addresses the many subjective issues that determine professional competence.”

MOC guidelines require “evidence of evaluation of performance in practice, including outcome measurements of the medical care provided, assessment by peer and referring physicians, and evaluation of physician behaviors – such as communication and professionalism – by peer review or other means.”

The Society’s Quality Assessment and Safety Committee, chaired by Dr. Thomas Read, Pittsburgh, PA, is helping ASCRS satisfy the MOC practice performance requirements by cultivating the development of authoritative, reliable performance measures to assure delivery of quality care; leading national efforts to define quality of care for conditions related to the colon, rectum and anus; and promoting colon and rectal surgery specialists to patients and providers.

In addition, ABCRS Past President and ASCRS member Dr. James W. Fleshman, St. Louis, MO, will present a comprehensive update on MOC Wednesday, May 4, during the ASCRS Annual Meeting in Philadelphia. The title of his address is “This is Your Livelihood: Maintenance of Certification – Current Status.”

The MOC program, requested by the American Board of Medical Specialties (ABMS), approved the ABCRS application for the first three components of MOC in 2003. They are:

* Professional standing;
* Lifelong learning and self assessment; and
* Cognitive expertise.

ABCRS’ MOC plan requires a 10-year interval between initial certification and completion of requirements to maintain certification. The Colon and Rectal Surgery Educational Program (CARSEP) requirements are effective for all diplomates who hold time-limited certificates.

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The ASCRS Membership Committee extends a warm welcome to registered nurses and/or physician’s assistants with an interest in colorectal surgery to wish to become Society members. Nurses who work in biofeedback, and wound and ostomy, continence nurses and other allied health professionals are also encouraged to apply for membership.

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“Physicians and allied health professionals can learn from each other, and together we can expand knowledge of the colon and rectal surgery specialty,” explained Membership Committee Co-Chair Dr. Susan Galandiuk, Louisville, KY.

Allied health professionals must be sponsored by an active member or ASCRS Fellow. Membership applications are available at the Society’s Website, www.fascrs.org.

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Recertification Exam to be held April 30

The American Board of Colon and Rectal Surgery’s 2005 Recertification Examination will take place at the Philadelphia Marriott Hotel, Saturday, April 30, during the ASCRS Annual Meeting. The examination will be held from 9 a.m. to 11 a.m. in Salon F, fifth floor of the hotel.

ABCRS tracks certificate expiration dates and notifies diplomates at least three years prior to expiration. Application materials are mailed annually in April, and the deadline for receipt of completed applications is August 15 each year. Applicants must provide validation of 100 Category I CME credit hours.

Questions about recertification certificates, changes in the process or exam applications may be directed to ABCRS at 20600 Eureka Road, Suite 600, Taylor, Michigan 48180, 734/282-9400 (phone), 734/282-9402 (fax), or e-mail at admin@abcrs.org.

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Allied health professionals encouraged to join ASCRS

The ASCRS Membership Committee extends a warm welcome to registered nurses and/or physician’s assistants with an interest in colorectal surgery to wish to become Society members.
Website appeals to three distinct audiences at fascrs.org

The Society’s Website, www.fascrs.org, continues to enhance its appeal as an informational clearinghouse for colorectal surgeons, patients and journalists, reported Website Committee Chair Dr. Richard E. Karulf, Edina, MN.

“Our goal is to offer our members easy access to key research findings, develop additional opportunities for continuing medical education, and serve as a tool in the Society’s overall public relations efforts,” he said.

Divided into three target-specific categories, the Website allows ASCRS to post important information quickly, where it may be accessed by physicians, patients, and media professionals.

The Physician section features:
• Practice Parameters published in Diseases of the Colon & Rectum;
• CARSEP, the colon and rectal self-assessment educational program;
• Core Subjects, developed by ABCRS and ASCRS to assist in the Maintenance of Certification (MOC) process for colorectal surgeons;
• Inherited Colon Cancer Registries, a source of continuing education for surgeons and allied health professionals.

The Patients section offers information about colorectal disease, assessment tests to gauge one’s risk of colon cancer, information about inherited colon cancer registries and a colorectal surgeon locator.

The Website also features a Media section, containing a virtual press room for journalists and other media professionals. Visitors may access press releases, physician spokesperson biographies, patient success stories and colorectal disease fact sheets.

The Website Committee is seeking member guidance on ways to continuously improve the Society’s online offering and encourages suggestions from colorectal surgeons.

“Member input is essential to developing an online presence that meets with the approval of those it represents,” Dr. Karulf added.

History Committee seeks materials for Society archives

In its quest to compile the definitive history of ASCRS for future generations, the History Committee is asking members to submit informational materials that help tell the story of the Society’s evolution, announced Committee Chair Dr. J. Byron Gathright, Jr., New Orleans, LA.

Photographs, lectures presented at previous Annual Meetings, presidential addresses and other historical records are welcome additions to ASCRS’ current archives.

“Members will be invaluable in helping the Committee gather information that details the 106-year history of ASCRS,” Dr. Gathright explained.

“Information covering the Society’s name change from the American Proctologic Society during the 1973 Annual Meeting is highly coveted.”

Members may submit historical information for the Society’s archives to the Executive Offices: 85 W. Algonquin Road, Suite 550, Arlington Heights, IL 60005. Phone: 847/290-9184.

Annual Meeting symposium …continued from page 1

• Advanced endoscopic techniques for polypectomy and colonic stenting;
• Use of transanal endoscopic microsurgery for rectal tumors;
• How to maintain certification;
• The impact of the 80-hour work week on surgical education and training;
• How to optimize patient safety and outcomes in the areas of deep venous thrombosis prophylaxis, ileus, and reprocessing of surgical instruments.

Modified meeting schedule
The Program Committee has modified the schedule of events for this year’s Annual Meeting to foster greater participation in both its scientific and social events. The ASCRS Welcome Reception, held Sunday, May 1 at the National Constitution Center, is a combined event hosted by the Society and the Research Foundation.

“We have devoted more time to scientific programs and local society meetings during the day, while rearranging the schedule of events for evening social functions,” explained Program Co-Chair Dr. Michael P. Spencer, St. Paul, MN. “First, we combined the Research Foundation event and the Welcome Reception into one. We then scheduled the annual dinner dance for Tuesday, May 3, as opposed to the final night of the Annual Meeting.”

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